



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
2017/2018 ANNUAL RENEWAL
LIMITED INSTITUTIONAL MEDICAL LICENSE



PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST):

LICENSE NUMBER:

DEA NUMBER:

E-MAIL ADDRESS:

HOME PHONE: (

 -

PRIMARY PRACTICE LOCATION

**STREET
ADDRESS:**

ENTER A PHYSICAL ADDRESS.

PO BOXES ARE NOT ACCEPTABLE.

CITY:

STATE:

ZIP:

 -

OFFICE PHONE: (

 -

COUNTRY:

OFFICE FAX: (

 -

INDICATE AVERAGE NUMBER OF HOURS PER WEEK IN DIRECT PATIENT CARE AT THIS ADDRESS:

MAILING ADDRESS

**STREET
ADDRESS
OR
PO BOX:**

COUNTRY:

CITY:

STATE:

ZIP:

 -

SECONDARY PRACTICE

**STREET
ADDRESS:**

ENTER A PHYSICAL ADDRESS.

PO BOXES ARE NOT ACCEPTABLE.

CITY:

STATE:

ZIP:

 -

COUNTRY:

INDICATE AVERAGE NUMBER OF HOURS PER WEEK IN DIRECT PATIENT CARE AT THIS ADDRESS:

AFFIDAVIT QUESTIONS

1. FROM JULY 1, 2015, TO THE PRESENT, HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION OR INVESTIGATION BY ANY US OR FOREIGN LICENSING AUTHORITY, HOSPITAL, INSTITUTION, SOCIETY, OR OTHER GOVERNMENTAL AGENCY?

☐ YES ☐ NO

IF ANSWER IS YES, PLEASE PROVIDE A DETAILED EXPLANATION BELOW:

2. HAVE YOU EVER BEEN ARRESTED? (YOU SHOULD ANSWER YES AND EXPLAIN EVEN IF YOU BELIEVE THE ARREST WAS SEALED, EXPUNGED, DROPPED OR OTHERWISE NULLIFIED).

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

3. ARE ANY CHARGES AGAINST YOU FOR ANY VIOLATION OF ANY LAW (EXCEPT SPEEDING OR PARKING VIOLATIONS) CURRENTLY PENDING IN ANY COURT?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME IN ANY US OR FOREIGN JURISDICTION?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

5. HAVE YOU EVER RECEIVED DEFERRED ADJUDICATION OR BEEN REFERRED TO DRUG COURT?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

6. FROM JULY 1, 2015, TO THE PRESENT, HAVE YOU RECEIVED TREATMENT FOR PSYCHIATRIC, ADDICTION OR SUBSTANCE USE RELATED ISSUES NOT KNOWN TO THE MPHP? (IF YOU ARE AN ANONYMOUS PARTICIPANT IN THE MISSISSIPPI PROFESSIONALS HEALTH PROGRAM AND ARE IN COMPLIANCE WITH YOUR CONTRACT, YOU MAY ANSWER "NO" TO THIS QUESTION).

☐ YES ☐ NO

IF ANSWER IS YES, PLEASE PROVIDE A DETAILED EXPLANATION BELOW:

7. HAVE YOU EVER BEEN IN A RECOVERY PROGRAM FOR DRUG, ALCOHOL, SEX OR OTHER FORM OF ADDICTION?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

8. HAVE YOU EVER PARTICIPATED IN A PRACTICE MONITORING PROGRAM? (NOT A PERSONAL MONITORING PROGRAM AS PART OF A RECOGNIZED PHYSICIAN RECOVERY PROGRAM.)

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

9. HAS YOUR DEA REGISTRATION EVER BEEN LIMITED IN ANY WAY (THIS INCLUDES VOLUNTARY LIMITATION TO SPECIFIC SCHEDULES AND SHOULD CAUSE YOU TO ANSWER YES)?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

10. ARE YOU CURRENTLY A LITIGANT IN ANY CIVIL PROCEEDING IN ANY US OR FOREIGN JURISDICTION?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

11. ARE YOU CURRENTLY IN DEFAULT FOR ANY FEDERALLY GUARANTEED STUDENT LOANS?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

12. ARE YOU CURRENTLY IN DEFAULT OR ARREARS FOR ANY COURT ORDERED SPOUSAL OR DEPENDENT SUPPORT?

☐ YES ☐ NO

IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.

TYPE OF EMPLOYMENT

CHOOSE FROM LIST OF CODES:

If "OTHER", PLEASE SPECIFY.

SETTING OF EMPLOYMENT

CHOOSE FROM LIST OF CODES:

If "OTHER", PLEASE SPECIFY.

PRIMARY SPECIALTY

CHOOSE FROM LIST OF CODES:

If "OTHER", PLEASE SPECIFY.

BOARD CERTIFIED?

☐ YES☐ NO**AFFIDAVIT**

I acknowledge that all information contained in this renewal application has been either directly submitted by me or caused to be submitted by me. I acknowledge that all information submitted is true and correct to the best of my knowledge. Any information erroneously submitted either directly by me or submitted by my direction is my responsibility. I understand that investigations and disciplinary action may result from the knowing or willful failure of me to submit information, either directly or indirectly, to the Board or from the submission of incorrect information to the Board.

Signature

Date

INSTRUCTIONS

The 2017-2018 annual renewal fee is \$100.00. (If received by the Board before the expiration of your license). After the expiration of your license, each renewal shall include \$25.00 additional fine plus \$5.00 for each month thereafter that the license renewal remains delinquent.

All incomplete applications will be returned and processing will be delayed. A \$10.00 fee will be assessed each time a renewal application is returned due to incompleteness.

A \$50.00 fee will be charged for all returned checks.

In order to maintain a current license, this application must be completed, signed and returned along with renewal fee to:

Mississippi State Board of Medical Licensure
Limited Institutional License Renewal
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

(601) 987-3079

CODES	
TYPE OF EMPLOYMENT	SETTING OF EMPLOYMENT
Self Employment 10 Solo practice 11 Partnership or group owned practice 12 Locum tenens Nongovernmental Employee of 13 Individual practitioner 14 Partnership or group of practitioners 15 Group health plan 16 Other nongovernmental employer (Specify) _____ Governmental Employee 17 Local government (other than county or state) 18 County government 19 State government 20 Federal government (USPHS and civilians other than VA) 21 Federal government (Armed forces personnel only) 22 Federal government (VA) Other Forms of Employment 23 Unpaid voluntary worker 24 Other (Specify) _____	Nonfederal Health Facility 50 Hospital (other than mental) 51 Mental hospital 52 Nursing home 53 Clinic, free standing 54 Group health plan facility 55 Practitioner's office 56 Hospital and office Federal Health Facility 57 Health facility on military installation 58 VA 59 Public health, Indian health, and civilian other than VA School 60 School of medicine or dentistry 61 School of nursing 62 University or college other than medical, dental, or nursing 63 School or treatment center for the handicapped or disabled 64 Residency training program 65 Other schools (specify) _____ Miscellaneous Places 66 Patients' homes 67 Medical research institution or establishment 68 Professional or allied health association 69 Administrative or regulatory health agency 70 Manufacturing or industrial establishment 71 Retail, wholesale, or other business establishment Other Settings of Employment 72 Other (Specify) _____

SPECIALTY CODES

01 ADOLESCENT MEDICINE	49 NEUROLOGY AND PSYCHIATRY	95 PSYCHIATRY, ADDICTION
02 AEROSPACE MEDICINE	50 NEUROPATHOLOGY	96 PSYCHIATRY, CHILD
03 ALLERGY AND IMMUNOLOGY	51 NEURORADIOLOGY	97 PSYCHIATRY, CHILD AND ADOLESCENT
04 ANESTHESIOLOGY	52 NUCLEAR MEDICINE	98 PSYCHIATRY, FORENSIC
05 BLOOD BANKING/TRANSFUSION MEDICINE	53 NUCLEAR RADIOLOGY	99 PSYCHIATRY, GERIATRIC
06 CARDIAC ELECTROPHYSIOLOGY	54 OBSTETRICS AND GYNECOLOGY	100 PUBLIC HEALTH & GEN PREVENTIVE MEDICINE
07 CARDIOLOGY	55 OCCUPATIONAL MEDICINE	101 PULMONARY DISEASE
08 CARDIOVASCULAR DISEASE	56 ONCOLOGY	102 PULMONARY MEDICINE
09 CHEMICAL PATHOLOGY	57 OPHTHALMOLOGY	103 RADIATION ONCOLOGY
10 CLINICAL BIOCHEMICAL GENETICS	58 OTOLARYNGOLOGY	104 RADIATION THERAPY
11 CLINICAL BIOCHEMICAL/MOLECULAR GENETICS	59 OTOLOGY/NEUROTOLOGY	105 RADIOLOGICAL PHYSICS
12 CLINICAL CYTOGENETICS	60 OTORHINOLARYNGOLOGY	106 RADIOLOGY
13 CLINICAL GENETICS (M.D.)	61 PAIN MANAGEMENT	107 RADIOLOGY, DIAGNOSTIC
14 CLINICAL & LAB DERMATOLOGICAL IMMUNOLOGY	62 PATHOLOGY, ANATOMIC	108 RADIOLOGY, VASCULAR AND INTERVENTIONAL
15 CLINICAL & LABORATORY IMMUNOLOGY	63 PATHOLOGY, ANATOMIC/CLINICAL	109 REHABILITATION MEDICINE
16 CLINICAL MOLECULAR GENETICS	64 PATHOLOGY, ANATOMIC AND LAB MEDICINE	110 RHEUMATOLOGY
17 CLINICAL NEUROPHYSIOLOGY	65 PATHOLOGY, CLINICAL	111 ROENTGENOLOGY
18 CRITICAL CARE MEDICINE	66 PATHOLOGY, FORENSIC	112 ROENTGENOLOGY, DIAGNOSTIC
19 CRITICAL CARE SURGICAL	67 PEDIATRICS	113 SPECIAL PROFICIENCY IN OSTEOPATHIC MANIPULATIVE MEDICINE
20 CYTOPATHOLOGY	68 PEDIATRIC ALLERGY & IMMUNOLOGY	114 SPINAL CORD INJURY MEDICINE
21 DERMATOLOGY	69 PEDIATRIC CARDIOLOGY	115 SPORTS MEDICINE
22 DERMATOPATHOLOGY	70 PEDIATRIC CRITICAL CARE MEDICINE	116 SURGERY
23 EMERGENCY MEDICINE	71 PEDIATRIC EMERGENCY MEDICINE	117 SURGERY, COLON AND RECTAL
24 ENDOCRINOLOGY	72 PEDIATRIC ENDOCRINOLOGY	118 SURGERY, FACIAL PLASTIC
25 ENDOCRINOLOGY, DIABETES & METABOLISM	73 PEDIATRIC GASTROENTEROLOGY	119 SURGERY, GENERAL
26 ENDOCRINOLOGY, REPRODUCTIVE	74 PEDIATRIC HEMATOLOGY-ONCOLOGY	120 SURGERY, GENERAL VASCULAR
27 FAMILY PRACTICE	75 PEDIATRIC INFECTIOUS DISEASE	121 SURGERY, HAND
28 GASTROENTEROLOGY	76 PEDIATRIC INTENSIVE CARE	122 SURGERY, NEUROLOGICAL
29 GENERAL PRACTICE	77 PEDIATRIC NEPHROLOGY	123 SURGERY, OBSTETRICS/GYNECOLOGIC
30 GERIATRIC MEDICINE	78 PEDIATRIC NEUROLOGY	124 SURGERY, ORTHOPAEDIC
31 GYNECOLOGIC ONCOLOGY	79 PEDIATRIC OTOLARYNGOLOGY	125 SURGERY, OTORHINOLARYNGOLOGY AND FACIAL PLASTIC
32 HEMATOLOGY	80 PEDIATRIC PATHOLOGY	126 SURGERY, PEDIATRIC
33 HEMATOLOGY AND ONCOLOGY	81 PEDIATRIC PSYCHIATRY	127 SURGERY, PLASTIC
34 IMMUNOPATHOLOGY	82 PEDIATRIC PULMONOLOGY	128 SURGERY, PLASTIC AND RECONSTRUCTIVE
35 INFECTIOUS DISEASE	83 PEDIATRIC RADIOLOGY	129 SURGERY, THORACIC
36 INTERNAL MEDICINE	84 PEDIATRIC RHEUMATOLOGY	130 SURGERY, THORACIC CARDIOVASCULAR
37 LABORATORY MEDICINE	85 PEDIATRIC SPORTS MEDICINE	131 SURGERY, UROLOGICAL
38 MATERNAL AND FETAL MEDICINE	86 PHYSICAL MEDICINE AND REHABILITATION	132 UNDERSEA MEDICINE
39 MEDICAL DISEASES OF THE CHEST	87 PODIATRIC MEDICINE	133 UROLOGY
40 MEDICAL GENETICS	88 PODIATRIC ORTHOPAEDICS	
41 MEDICAL MICROBIOLOGY	89 PODIATRIC SURGERY	
42 MEDICAL ONCOLOGY	90 PREVENTIVE MEDICINE/AEROSPACE MEDICINE	UNLISTED SPECIALTY:
43 MEDICAL TOXICOLOGY	91 PREVENTIVE MEDICINE/OCCUPATIONAL- ENVIRONMENTAL MEDICINE	000 OTHER (SPECIFY):
44 NEONATAL-PERINATAL MEDICINE	92 PREVENTIVE MEDICINE/OCCUPATIONAL MEDICINE	
45 NEONATOLOGY	93 PROCTOLOGY	
46 NEPHROLOGY	94 PSYCHIATRY	
47 NEUROLOGY		
48 NEUROLOGY, CHILD		